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ANNUAL REPORT

OF THE

Medical Officer of Health

YEAR ENDING DECEMBER 31st, 1945.

R. C. WEBSTER,

B.Sc., M.D., D.P.H.,

MEDICAL OFFICER OF HEALTH.

BOROUGH OF DARWEN.



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*With the Compliments
of the
Medical Officer of Health*

*Public Health Dept.
Darwen.*

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CIVIC HEALTH CENTRE,
DARWEN.

September, 1946.

TO THE CHAIRMAN AND MEMBERS OF THE PUBLIC HEALTH COMMITTEE.

LADIES AND GENTLEMEN,

I have pleasure in presenting to you the Annual Report of the Public Health Department for 1945. During my continued absence in the Army the duties of Medical Officer of Health for the year were carried out by Dr. Millar and subsequently by Dr. Pickering. I would take this opportunity of expressing appreciation of the energy and efficiency with which they have carried on the work.

VITAL STATISTICS.

The birth rate has declined since last year from 14.5 to 13.7 per 1,000 of the population, the death rate also shows a slight decline. A study of the figures for some years past shows that the birth rate in Darwen has been consistently below the average for the whole country, while the death rate has been consistently higher. But it would be unsound to form any conclusions on such figures as they stand; for example—if for any reason younger people have tended in the past to leave the town, that alone would account for these trends in the figures. I mention this to illustrate the fallacies of incomplete statistics.

There is a sharp rise in the infant mortality. The matter of infant mortality and its close relative, still-births, is discussed at some length in the report.

Unemployment remains low, and it is to be hoped that with the newer industrial developments Darwen will escape further slumps, as adverse economic conditions are inimical to a good state of public health.

HOUSING.

Housing remains a major problem. Although the beginnings of new housing projects are being made, a mere glance at the town from the hills, still more a walk through the town, indicates that housing will be a matter of importance for many years to come.

MATERNITY HOME.

This remains as yet in the field of things planned but not achieved.

GENERAL HEALTH.

No serious outbreaks of disease have occurred and the general condition of the community after a prolonged war is very satisfactory.

I thank all the members of the staff of the Public Health Department for their hard work and in particular Mr. E. P. McGlynn for his work under difficulties due to staff shortage. The loss of Mr. F. Littlecott who was for thirty years on the staff of the Health Department was sadly felt. For myself I miss his quiet but cheerful presence in the Department and deeply regret that we no longer have with us a good worker and a good sportsman.

I am, Ladies and Gentlemen,

Your obedient Servant,

R. C. WEBSTER,

MEDICAL OFFICER OF HEALTH,

Members of the Public Health Committee.

1945-46.

*COUNCILLOR J. BRAITHWAITE, J.P., MAYOR.

Chairman:

*COUNCILLOR DR. D. HARRIS.

Vice-Chairman:

*COUNCILLOR J. D. W. SHAW, J.P.

Ald. J. T. CLARK.

Coun. R. LATHAM.

Ald. F. C. DUCKWORTH.

Coun. F. E. LIGHTOLLER, J.P.

*Ald. W. KNOWLES, J.P.

Coun. H. MITCHELL.

*Ald. R. MARSDEN, J.P.

Coun. W. RATCLIFFE.

Ald. J. GREGORY, J.P.

Coun. R. SHORROCK.

Ald. H. D. HOLLAND, J.P.

Coun. D. SMITH, J.P.

Coun. A. BARNES.

Coun. F. TAYLOR.

Coun. J. A. BROOKS.

*Coun. Mrs. B. THOMPSON, J.P.

*Coun. Mrs. M. M. DUCKWORTH.

Coun. T. WINTERBOTOM, C.C.

*Coun. LADY HINDLE, J.P.

Coun. E. YATES.

Coun. A. KAY.

CHARLES COUTTS BYERS, TOWN CLERK.

* Member of the Public Health Sub-Committee.

Staff of the Public Health Department.

(Whole-time Officers.)

Medical Officer of Health	R. C. WEBSTER, B.Sc., M.D., D.P.H.,
Medical Officer of Infectious Diseases Hospital	(Absent in H.M. Forces.) (Re-commenced 29/7/46.)
Divisional School Medical Officer	
Acting Medical Officer of Health	JANE O. MILLAR, M.D., D.P.H., D.R.C.O.G. (Resigned 19/8/45.)
Acting Medical Officer of Infectious Diseases Hospital	G. PICKERING, M.B., Ch.B., from 20/8/45. (Part-time.) Resigned 18/8/46.
Acting Divisional School Medical Officer....	JANE O. MILLAR, M.D., D.P.H., D.R.C.O.G. (Resigned 28/7/46.)
Senior Sanitary Inspector	EDMUND P. McGLYNN, C.S.I.B., Cert.
Inspector of Meat and Foods	Insp. Meat and Foods, Smoke Insp. (Cert.) M.S.I.A.
Director of Public Cleansing	F. LITTLECOTT, A.R.S.I., M.S.I.A. (Deceased 22/4/46.)
District Sanitary Inspectors	R. E. INGLEBY, A.R.S.I., Cert. Insp.. Meat and Foods. (Resigned 30/9/45.) C. ASHTON WHITTLE, A.R.S.I. (Commenced 6/5/46.)
Matron, Infectious Diseases Hospital	Miss M. STEWART, S.R.N., S.R.F.N.
Senior Health Visitor	Miss G. WADDICOR, S.R.N., S.C.M., S.R.F.N., H.V. Cert.
Non-Medical Supervisor of Midwives	Miss A. WALTON, S.R.N., S.C.M., H.V. Cert. (Resigned 31/7/46.)
Health Visitors	Miss M. A. MOORE, S.R.N., S.C.M., H.V. Cert. Miss M. PARKINGTON, S.R.N., S.C.M., H.V. Cert.
School Nurse	Miss S. CAFFREY, S.R.N., S.C.M. (Absent in H.M. Forces.) (Recommenced 1/8/46.)
Municipal Midwife	Miss F. B. RIMMER, S.R.N., S.C.M. (Absent in H.M. Forces.) (Recommenced 1/8/46.)
Chief Clerk	H. HUTCHINSON. (Resigned 4/6/45.) W. HAWORTH.
Clerical Staff	J. BAMFORD. N. RILEY. F. WYATT. Mrs. H. LIGHTBOWN. Miss E. BARON. Miss K. E. HARRIS.
School Medical Clerk	Miss E. FISH.

(Part-time Officers.)

Consultant Obstetrician	A. L. POTTER, M.D., M.R.C.S., M.R.C.O.G. (Absent in H.M. Forces.)
Orthopædic Surgeon	S. M. MILNER, M.A., M.B., F.R.C.S.
Ophthalmic Surgeon	J. M. WISHART, M.B., F.R.C.S.Ed.
Dental Surgeon	R. V. CLARKE, L.R.C.S., L.R.C.P., L.D.S.
Dental Anæsthetist	M. SELLARS, M.B., Ch.B.
Orthopædic Nurse	Miss B. HUXTABLE, C.S.P., Orth. N. Cert.

Clinics and Treatment Centres.

Name of Clinic or Centre.	Situation.	Day and Time.	By Whom Provided.
Child Welfare.	Civic Health Centre.	Monday, 2 p.m. Thursday, 2 p.m.	Darwen Corporation.
Ante-Natal.	Civic Health Centre.	Tuesday, 10 a.m. Wednesday, 2 p.m. Thursday, 10 a.m.	Darwen Corporation.
Maternity and Child Welfare Dental.	Civic Health Centre.	Alternate Fridays, 2 p.m. and first Thursday in month at 2 p.m.	Darwen Corporation.
Diphtheria Immunisation.	Civic Health Centre.	Monday, 3-30 p.m.	Darwen Corporation.
Ultra Violet Light.	Civic Health Centre.	Tuesday and Friday by appointment.	Darwen Corporation.
School Dental.	Civic Health Centre.	Monday to Friday by appointment.	Lancashire Education Committee.
School Clinics.	Civic Health Centre.	Minor Ailments, Monday to Friday, 4 p.m. Saturday, 9 a.m. Medical Inspection, Tuesday and Friday, 2 p.m.	Lancashire Education Committee.
Ophthalmic.	Civic Health Centre.	Alternate Thursdays by appointment.	Lancashire County Council.
Orthopædic.	Civic Health Centre.	Wednesday, 10 a.m.	Lancashire County Council.
Speech Therapy.	Civic Health Centre.	Tuesday 2 p.m. Friday, 9-30 a.m. by appointment.	Lancashire County Council.
Child Guidance.	Civic Health Centre.	Tuesday, 9-30 a.m. by appointment.	Lancashire County Council.
Tuberculosis Dispensary.	20, Railway Road,	Monday, 10 a.m.	Lancashire County Council.
Venereal Diseases.	Royal Infirmary, Blackburn.	Males—Tuesday, 5 p.m. Friday, 7-30 p.m. Females — Monday, 5-30 p.m. Thursday 5-30 p.m.	Lancashire County Council Scheme.

SECTION 1.

STATISTICS AND SOCIAL
CONDITIONS
OF THE AREA.

Summary of Statistics and Social Conditions, 1945.

Position	Lat. $53^{\circ} 41' 25''$ N. Lon. $2^{\circ} 28' 32''$ W.
Elevation above sea level	500 ft. to over 800 ft.
Geographical formation	Boulder, clay and sand over coal measures.
Area (acres)	5,959
Population—Census, 1931	36,012
Population—Registrar-General's Mid-yearly Estimate for 1945	28,270
Number of Inhabited Houses—Census, 1931	10,258
Number of Inhabited Houses at end of 1945	10,368
Number of families or separate occupiers at Census, 1931	10,385
Rateable Value	£190,669
Sum represented by a Penny Rate	£753

The figure given by the Registrar-General as the population for 1945 excludes non-civilians.

The inhabitants are mainly of the artisan or working class, and the principal industries are cotton weaving, paper making and staining, plastic and paint manufacturing, and engineering trades.

Of a total of 9,130 insured adult persons the average per cent. unemployed was 0.23, and of 1,067 insured juveniles the average unemployed was 1 per cent.

VITAL STATISTICS.

SUMMARY.

	Total.	Males.	Females.	Rate.
LIVE BIRTHS—Legitimate	356	189	167	
Illegitimate	32	16	16	
Total	388	205	183	Per 1000 pop. 13.72
STILL BIRTHS—Legitimate	13	8	5	
Illegitimate	0	0	0	
Total	13	8	5	Per 1000 Live & Still Births 32
DEATHS	440	229	211	Per 1000 pop. 15.56

MATERNAL DEATHS.

	Deaths.	Rate per 1000 Total Births
From Puerperal and Post-Abortion Sepsis	0	0.00
From other Maternal Causes	1	2.49
	<hr/>	<hr/>
Total Deaths	1	2.49
	<hr/>	<hr/>

INFANTILE MORTALITY. (Infants under the age of 1 year).

	Total.	Males.	Female.	Rate per 1000 Live Births
Deaths of Legitimate Infants	25	17	8	76
Deaths of Illegitimate Infants	3	2	1	93
	<hr/>	<hr/>	<hr/>	<hr/>
Total Deaths	28	19	9	72
	<hr/>	<hr/>	<hr/>	<hr/>

OTHER INFANT DEATHS.

	Total.	Rate per 1000 Population
Deaths from Measles (all ages)	0	0.00
„ „ Whooping Cough (all ages)	0	0.00
„ „ Diarrhoea (under 2 years)	3	0.11

BIRTHS.

The number of births registered during 1945 was 388, giving a birth rate of 13.72 per 1,000 of the population. The trend of this rate over the past 17 years, in comparison with the rate for England and Wales, is shown in the following table—

Year	DARWEN				England and Wales Rate per 1000
	No. of Births Male	No. of Births Female	Total	Rate per 1000	
Average for 1929 to 1938					
1939	199	195	394	11.35	15.2
1940	161	181	342	10.9	15.0
1941	167	171	338	11.1	14.6
1942	190	173	363	12.1	14.2
1943	191	177	368	12.5	14.0
1944	213	212	425	14.9	16.5
1945	220	192	412	14.53	17.6
	205	183	388	13.72	16.1

ILLEGITIMATE BIRTHS.

The following table shows the number of illegitimate live births and deaths for the period 1929 to 1945.

Year.	No. of Births	Rate % of Live Births	No. of Deaths under 1 Year	Death Rate per 1000 Illegitimate Live Births
Average for 1929 to 1938	14	3.61	1.6	114
1939	12	3.50	0	0
1940	10	2.95	1	100
1941	19	5.23	1	52
1942	14	3.80	1	71
1943	28	6.58	0	0
1944	28	6.79	4	142
1945	32	8.25	3	93

STILL BIRTHS.

The table given below sets out details relating to still births for the past seven years.

Year.	Still Births.			Rate per 1000 Births	Rate per 1000 Population.	
	Legitimate	Illegiti- mate.	Total		Darwen	England and Wales
1939	23	2	25	68	0.80	0.59
1940	17	0	17	47	0.56	0.55
1941	6	6	12	32	0.40	0.51
1942	15	2	17	44	0.58	0.54
1943	22	2	24	53	0.84	0.51
1944	21	1	22	53	0.77	0.50
1945	13	0	13	32	0.46	0.46

DEATHS.

The number of deaths of Darwen residents which occurred during 1945 was 440, representing a death rate per 1,000 of the population of 15.56.

The trend of the death rate of the Borough for the past 17 years is shown below in comparison with the rate for England and Wales.

Year	DARWEN		England and Wales
	Total Deaths	Rate per 1000	Rate per 1000
Average for 1929 to 1938	515	14.9	12.1
1939	495	15.7	12.1
1940	534	17.6	14.3
1941	462	15.4	12.9
1942	416	14.2	13.9
1943	497	17.4	12.1
1944	429	15.1	11.6
1945	440	15.5	11.4

CAUSE, AGE AND SEX DISTRIBUTION OF DEATHS

The following is a copy of the information supplied by the Registrar-General, of the causes and sex distribution of deaths of Darwen residents. This information does not include non-civilian deaths.

Cause of Death.	Males.	Females.	Total.
1. Typhoid and paratyphoid fevers	0	0	0
2. Cerebro-spinal fever	0	0	0
3. Scarlet fever	0	0	0
4. Whooping cough	0	0	0
5. Diphtheria	0	0	0
6. Tuberculosis of respiratory system	3	6	9
7. Other forms of tuberculosis	2	0	2
8. Syphilitic diseases	0	0	0
9. Influenza	1	1	2
10. Measles	0	0	0
11. Acute polio-myelitis and polio-encephalitis....	0	0	0
12. Acute infective encephalitis	0	1	1
13. Cancer of buccal cavity, and oesophagus (M.) uterus (F.)	3	4	7
14. Cancer of stomach and duodenum	13	7	20
15. Cancer of breast	0	6	6
16. Cancer of all other sites	9	18	27
17. Diabetes	0	0	0
18. Intra-cranial vascular lesions	40	36	76
19. Heart disease	51	63	114
20. Other diseases of circulatory system	20	9	29
21. Bronchitis	17	10	27
22. Pneumonia	3	5	8
23. Other respiratory diseases	3	0	3
24. Ulcer of stomach or duodenum	3	1	4
25. Diarrhoea under 2 years	1	2	3
26. Appendicitis	1	0	1
27. Other digestive diseases	3	5	8
28. Nephritis	8	6	14
29. Puerperal and post-abortion sepsis	0	0	0
30. Other maternal causes	0	1	1
31. Premature birth	3	6	9
32. Congenital malformation, birth injuries, etc.	10	0	10
33. Suicide	2	2	4
34. Road traffic accidents	2	2	4
35. Other violent causes	7	4	11
36. All other causes	24	16	40
 Tots.....	 229	 211	 440

SECTION 2.

GENERAL PROVISIONS
OF
HEALTH SERVICES.

General Provisions of Health Services in Darwen.

PUBLIC HEALTH STAFF.

Full particulars of the Public Health Officers of the Authority are given on page 6.

LABORATORY FACILITIES.

The Pathological and Bacteriological Department of the Blackburn and East Lancashire Royal Infirmary undertake the laboratory work of the Borough of Darwen.

The scheme came into operation on September 1st, 1943, and is working very successfully.

Sputum examinations for Tuberculosis are still carried out by the Lancashire County Council, under their Tuberculosis scheme.

Urine for Pregnancy Diagnosis Test is sent to the University of Edinburgh.

The following is a summary of the specimens examined during the year—

Diphtheria (Throat and Nose Swabs)	268
Fæces	18
Sputum (for M. Tuberculosis)	56
Cerebro Spinal Fluid	4
Pus	3 .
Urine	14
Blood Count	6
Widal	3
Vaginal	5
Rectal	3

AMBULANCE FACILITIES.

(A) INFECTIOUS DISEASES.

The Darwen Corporation provide and maintain an ambulance, which is used exclusively to remove patients to and/or from the Infectious Diseases Hospital at Bull Hill, Darwen.

(B) ACCIDENT AND NON-INFECTIOUS DISEASES.

Arrangements exist with two local garage proprietors to provide and maintain ambulances for the conveyance of Accident, Non-Infectious, and Maternity Cases. By this arrangement a day and night service of four ambulances is placed at the disposal of the public. In cases where the financial circumstances of those requiring the use of an ambulance are such that they cannot afford to pay, or a hardship would be caused by recharging the cost, the service is provided free.

To avail themselves of this service patients must produce a medical certificate in cases other than accident.

The Public Assistance Institution, Queen's Park Hospital, Blackburn, maintain ambulances for the removal of their cases to or from the Institution.

NURSING IN THE HOME.

The Darwen and District Nursing Association provide nursing in the home for all cases of sickness other than certain infectious diseases. The service so provided is satisfactory.

The Darwen Corporation make an annual grant of £10 10s. 0d. to the funds of the Association and also make a payment at the rate of one shilling per visit for the nursing of the following diseases:—Puerperal pyrexia, ophthalmia neonatorum, measles, whooping cough, pneumonia (in cases under five years), diarrhoea, and such other cases as are approved by the Medical Officer of Health.

TREATMENT CENTRES AND CLINICS.

A table of the treatment centres and clinics is set out on page 7.

HOSPITALS.

(A) GENERAL, SURGICAL AND MEDICAL CASES.

There is no hospital accommodation in Darwen for the treatment of these cases, which are referred to the Royal Infirmary, Blackburn, an institution maintained by voluntary subscriptions, and to Queen's Park Hospital, Blackburn.

(B) INFECTIOUS DISEASES.

Cases of infectious disease are admitted to the Bull Hill Infectious Diseases Hospital, Darwen, which is maintained and provided by the Darwen Corporation. Cases are also admitted from the areas of the Turton Urban District Council and the Accrington and District Joint Hospital Board by agreement with these authorities. These agreements were approved by the Lancashire County Council in their scheme made under Section 63 of the Local Government Act, 1929, for the provision of hospital accommodation for cases of Infectious Disease within the Administrative County Area.

(C) MATERNITY.

Maternity cases are admitted, according to their requirement, to the following institutions by arrangement with the Darwen Corporation:—Royal Infirmary, Blackburn; Queen's Park Hospital, Blackburn; and Springfield Maternity Home, Blackburn.

SMALLPOX.

Accommodation for cases of Smallpox is provided for under an agreement with the County Borough of Blackburn, whereby four beds are retained at their Finnington Hospital. The Darwen Corporation pay a retaining fee of £80 per annum for the beds.

TUBERCULOSIS.

Cases of Tuberculosis are admitted to various Sanatoria under the Lancashire County Council scheme.

PUERPERAL PYREXIA.

Under the Puerperal Pyrexia Regulations, 1939, satisfactory arrangements have been made for the hospital treatment and/or home nursing of cases. The hospital arrangements provide for cases of Puerperal Pyrexia, difficult confinement, etc., to be under the personal supervision of the practising Consultant Obstetricians deputising for Dr. A. L. Potter, who is at present with H.M. Forces.

VENEREAL DISEASES.

The Venereal Diseases authority for Darwen is the Lancashire County Council. Cases are therefore treated under the County Council's scheme, under which a treatment centre has been provided at the Royal Infirmary, Blackburn.

OPHTHALMIA NEONATORUM.

Under the Public Health (Ophthalmia Regulations) 1926 to 1937, satisfactory arrangements have been made for hospital treatment and/or home nursing.

PUBLIC ASSISTANCE CASES.

The Public Assistance and Mental Services are administered by the Lancashire County Council. The Queen's Park Hospital, Blackburn, is the Public Assistance Institution for medical cases.

SECTION 3.

MATERNITY AND CHILD WELFARE.

Maternity and Child Welfare.

MIDWIFERY AND MATERNITY SERVICES.

During the year 388 live births were registered, and 13 still births notified, (after allowing for inward and outward transfers), and the question of providing adequate care and attention for the mothers is difficult. A large percentage of the women still desire to be confined in hospital—a total of 52.6 per cent. of the live and still births took place in institutions outside the Borough, viz.:—Queen's Park Hospital, Blackburn; Springfield Maternity Home, Blackburn; Royal Infirmary, Blackburn, etc.

The Darwen and District Nursing Association have continued to operate the Domiciliary Midwifery Service—(the one Municipal midwife still being in H.M. Forces)—providing two midwives for this service and the Corporation pay the Darwen Nursing Association £600 per annum. There are two independent midwives practising in the Borough.

The consulting obstetrician, Dr. A. L. Potter, is still in H.M. Forces, and as in recent years, Dr. C. M. Pearce and Dr. J. K. Cumming, deputise for him. Their services are available to any doctor in the Borough who requests them during the period of pregnancy, labour or puerperium, the Corporation paying the costs of such consultations.

I have again to report that it has not been possible to secure the services of Home Helps, not one name being on the register.

In spite of endeavours to persuade mothers to be confined at home when medical and domestic circumstances make this possible, the percentage confined in Hospital in 1945 remained practically the same as in 1944—52.6 per cent. as compared with 51.4. It is apparent that for the next few years at least the Corporation must provide hospital accommodation for at least 50 per cent. of the expected births.

It is to be noted that there is still no special hospital provision for maternity patients suffering from Venereal Disease, and no patient known to be suffering from any Venereal Disease is admitted to Queen's Park Hospital, Blackburn. During the year it was not necessary to seek admission to hospital for any such cases, but this somewhat serious gap in the maternity services requires filling. The Lancashire County Council, being the Venereal Diseases Authority, will admit such cases to the County Council Hospital at Whiston, near Liverpool, but this hospital is not available at the time of writing, owing to military requirements.

ANTE-NATAL SERVICES.

The Medical Officer of Health holds three Ante-Natal Clinics weekly, and these have been very well attended. Of the Darwen women who had babies during the year, 232, or 60 per cent., attended the Ante-Natal Clinics.

The lack of an Ante-Natal Clinic, at which the specialist consultant is in attendance is regretted, but it is hoped that this will soon be remedied.

Very close clinical contact with Queen's Park Hospital, Blackburn, is maintained. All patients to be confined there are required to visit the hospital about the 36th week of pregnancy, to be seen by the Medical Officer, Dr. Dunne. An introductory note with relevant medical details is sent with each patient. Dr. Dunne, for his part, keeps the clinic fully informed about all abnormal cases, and, in every case when a patient is discharged from the hospital after confinement he sends the Medical Officer of Health a note regarding the labour and puerperium, and the condition of the mother and child on dismissal. This is of very great value in the Child Welfare Service as well.

The total number of women who attended the routine Ante-Natal Clinics for the FIRST time during the year was 255, and they made 1,689 attendances ante-natally, an average of 6.6 attendances per mother.

The gross number of women who attended the routine Ante-Natal Clinics was 332, and they made 2,026 attendances ante-natally, an average of 6.1 attendances per mother.

The Consulting Obstetricians were called out by local medical practitioners on 31 occasions on which the Consultants' fees were paid by the Darwen Corporation.

POST-NATAL SERVICES.

There is no ad hoc Post-Natal Clinic, though a few post-natal cases are seen by the Medical Officer of Health at the routine Ante-Natal Clinics. Eighty-one women attended, and made 93 attendances. The lack of a proper Post-Natal Clinic is a serious one, but at the present time it cannot be remedied. This service would, I am sure, be widely utilised if it were available, and it is to be hoped that after the war the services of the Consultant Obstetrician can be used in this connection, as many of the conditions found require a treatment by an experienced gynæcologist.

Here again, I must express my indebtedness to the Medical Officer of Queen's Park Hospital, Blackburn, who has referred several cases, having had difficult labour, for post-natal examination, and they in consequence have obtained treatment which they might otherwise have lacked.

DENTAL SERVICES.

The Dental Service was extended during the year. As mentioned in my previous report, Dr. Maurice Sellars attended as general anæsthetist once monthly for extractions.

A brief summary of the work carried out is given below :—

Number of Women referred to Dental Clinic by Medical Officer	20
,, Women found to require treatment	20
,, Women who received treatment	20
,, Treatments:—	
(a) Fillings	0
(b) Number of Teeth extracted by Local Anæsthetic.....	5
(c) ,, Patients supplied with dentures	11
(d) ,, Dentures supplied	18
(e) ,, Extractions by general anæsthetic	101

MATERNAL MORTALITY.

One maternal death was allocated to Darwen for the year 1945, and was investigated and reported upon. The cause of death was given as Pulmonary Embolism following a Caesarian operation.

The following table gives statistical details relative to Maternal Mortality in Darwen for the War years and a comparison with the previous five years:—

Year	Total Live and Still Births	Notifica- tion of Puerperal Pyrexia, etc.	Deaths			Mortality Rate per 1000 Total Births
			Puerperal Sepsis	Other Causes	Total	
1934—1938	369	4.2	1	2.6	3.6	9.16
1939	367	2	1	0	1	2.72
1940	355	1	0	4	4	11.08
1941	376	2	0	0	0	0.00
1942	385	1	2	2	4	10.86
1943	449	1	0	1	1	2.22
1944	434	1	0	1	1	2.42
1945	401	1	0	1	1	2.49

BIRTHS NOTIFIED AND REGISTERED.

The number of births notified to the Local Authority under Section 203 of the Public Health Act, 1936, was 180. This notification is a statutory obligation which requires information of every live and still birth to be given to the Local Authority within 36 hours of the birth taking place.

The number of births belonging to the district registered during the year was as follows :—

	Males.	Females.	Total.
Live Births	205	183	388
Still Births	8	5	13
Total	213	188	401

SUMMARY OF ATTENDANCES AT CHILD WELFARE CLINICS.

1945.

Number of Individual Children who first attended—

Under 1 year	418
1 to 5 years	155

Total number of Attendances of Children—

Under 1 year	3206
1 to 5 years	734

Total Number of Examinations by Medical Officer

722

INFANT LIFE PROTECTION.

The provisions of the Child Life Protection Sections of the Public Health Act, 1936, were administered by the Health Visitors, who supervised the care of children nursed day and night for reward. Due to the extensive employment of married women at the present time, many children in the borough are "minded" during the day only by persons who undertake the work for reward, and, although there is no statutory obligation to do so, a register has been kept in the Maternity and Child Welfare Department of persons who do this work. The Health Visitors have paid particular attention to the children so cared for, and there is no doubt that their efforts in this direction often have a beneficial effect. A little discreet intervention may prevent it being undertaken by those who are not competent to have the care of young children.

Sixteen legal adoptions were carried out through the Darwen Court during the year.

The following table shows the number of persons and children on the registers at the end of the year under review :—

Number of persons who were receiving children for reward at the end of the year

6

(1) Number of children being received for reward at the end of the year	6
(2) Who died during the year	0
(3) On whom inquests were held	0

ULTRA-VIOLET LIGHT CLINIC.

This Clinic was very popular. The number of children who attended for treatment was 236 and the number of treatments 2,094.

ORTHOPÆDIC CLINIC.

This Clinic is still administered through the Lancashire County Council, the Orthopædic Nurse attending each Wednesday, and Mr. Milner, the Surgeon, attending once monthly.

All urgent cases have been admitted to one of the hospitals participating in the scheme without delay or difficulty. Some of the more chronic and non-progressive cases have had to wait some considerable time, but no real hardship has been caused, and no doubt the position will improve now the war is over.

The following is a brief summary of the work carried out:—

Number of individual school children attended	100
Number of individual pre-school children attended	47
Number of attendances made	509
Splints supplied	8
Remedial Exercises given	180
Plasters applied	5
Number of children who received Institutional treatment	2
Number of children referred for X-Ray consultation	0

OTHER MEDICAL AND SURGICAL CONDITIONS.

OPHTHALMIC TREATMENT.

Cases are referred to Dr. J. M. Wishart either at the School Clinic or at Blackburn Royal Infirmary. The total number is small, and the commonest condition is squint.

TONSILS AND ADENOIDS.

Cases are referred to Dr. J. M. Wishart at the Blackburn Royal Infirmary.

MINOR SURGERY (CIRCUMCISIONS, ETC.).

Cases are referred to Blackburn Royal Infirmary or to the family doctor.

DENTAL TREATMENT.

A few cases have been treated by Dr. Clarke but the mothers seem to be unwilling to have any dental treatment carried out on young children. This is one of the prejudices that might be overcome by educational propaganda.

SUMMARY.

The following table summarises the work of the Health Visitors during 1945:—

Visits to children under 1 year—	
First Visits	380
Total Visits	1893
Visits to children 1 to 5 years—Total Visits	3841
Visits to Expectant Mothers—	
First Visits	130
Total Visits	143
Special Visits—	
Still Births	13
Infant Deaths	28
Maternal Deaths	1
Infectious Diseases	147

ANALYSIS OF STILL-BIRTHS, 1945.

Thirteen still-births were registered during the year, i.e., 3.3 per cent. of the total births. Six of the mothers had had adequate ante-natal care,—in six other cases, ante-natal care seems to have been perfunctory and inadequate. Nine still-births occurred at home, four in hospital. The high proportion occurring at home is probably due to the fact that the still-births were due to causes which could not be foreseen prior to the onset of labour or because they occurred for no known reason at all. In one case no information is available.

The still-births may be classified as follows :—

(A) Complications of Labour	6 cases
Short Cord	1 case
Failed Forceps	1 case
Ruptured Uterus	1 case
Breech presentation	1 case
Cord round Neck	2 cases
(B) Congenital Defects	Nil.
(C) Toxæmia of Pregnancy	4 cases
(D) Cause unknown	3 cases

I have below made some observations on infantile mortality and still-births.

ANALYSIS OF INFANT DEATHS, 1945.

Twenty-eight infant deaths occurred during 1945 an Infantile Mortality rate of 72. The number of legitimate births was 356 and deaths 25 giving a rate of 70, and the number of illegitimate births 32 and deaths 3, giving a rate of 93.

NEO-NATAL DEATHS. (i.e., Deaths in first four weeks of life.)

No.	Age at Death.	Cause of Death.	Died at Home/ Hospital.	Death Prevent- able. Yes/No.	Remarks.
1	3rd day.	Jaundice.	Hospital.	No.	Congenital condi- tion probably.
2	1st day.	Prematurity.	Home.	Doubtful.	Doubtful ante-natal care.
3	40 minutes.	Asphyxia.	Hospital.	No.	.....
4	4th day.	Prematurity.	Hospital.	No.	{ Twins. Mother severe toxæmia of pregnancy.
5	3rd day.	Prematurity.	Hospital.	No.	
6	1st day.	Prematurity.	Hospital.	No.	Mother severe toxæmia of pregnancy.
7	5th day.	Prematurity.	Hospital.	No.	Mother ante- partum haemorrhage.
8	14th day.	Jaundice.	Home.	No.	Congenital condi- tion probably
9	45 minutes.	Prematurity.	Hospital.	No.	Adequate care and attention.
10	7th day.	Peritonitis and Congenital Defect.	Hospital.	No.	Adequate care and attention.
11	5th day.	Insufficient Vitality Prematurity.	Hospital.	No.	Adequate care and attention.
12	18th day.	Broncho-Pneu- monia. Hæmolytic Anæmia.	Hospital.	No.	Adequate care and attention.
13	45 minutes.	Insufficient Vitality Prematurity.	Hospital.	No.	Adequate care and attention.
14	2nd day.	Pulmonary Atelectasis.	Hospital.	No.	Second of twins.
15	2 hours.	Insufficient Vitality Prematurity.	Hospital.	No.	Adequate care and attention.

DEATHS FROM ONE MONTH TO ONE YEAR.

No.	Age at Death.	Cause of Death.	Died at Home/ Hospital.	Death Prevent- able. Yes/No.	Remarks.
1	4th month.	Congenital neuro-muscular defect all limbs and trunk.	Home.	No.	Good standard of care.
2	3rd month.	Imperforate anus.	Hospital	No.	Good standard of care.
3	10th month.	Congenital Heart Disease.	Home.	No.	Good standard of care.
4	7th month.	Congenital Heart Disease.	Home.	No.	Good standard of care.
5	4th month.	Congenital Pyloric Stenosis.	Hospital.	No.	In hospital from early age.
6	4th month.	Pneumonia.	Home.	Possibly Yes.	Poor standard of care.
7	6th month.	Broncho-pneumonia.	Home.	Probably Yes.	Poor standard of care.
8	9th month.	Acute Gastro-enteritis.	Home.	Yes.	Poor standard of care.
9	2nd month.	Spina bifida.	Hospital.	No.	Very good care.
10	1st month.	Suppurating Infection of Maxillary Sinus.	Hospital.	No.	A very rare condition. Adequate treatment.
11	11th month	Gastro-enteritis	Hospital.	No.	Died in hospital. Adequate care and treatment.
12	2nd month.	Cholæmia. Congenital artresia of bile duct.	Hospital.	No.	Adequate care and treatment.
13	5th month.	Toxæmia. Pneumonia with Eczema.	Hospital.	No.	Died in hospital. Doctor in attendance 2 months previous.

Taking both groups it will be seen at a glance that the causes can be classified as :—

Congenital abnormalities	10
Pneumonia	4
Prematurity	9
Gastro Enteritis	2
Asphyxia Neonatorum	1
Pulmonary Atelectasis	1
Suppurative sinusitis	1

The asphyxia and atelectasis may also perhaps fall under the heading of congenital abnormalities; in one of the cases of broncho-pneumonia a haemolytic anaemia was present. The importance of congenital abnormalities as a cause of infant deaths is well recognised, but this indeed is but a small fraction of the real significance of such defects as causes of disability in those who survive. Our ignorance as to the cause of such abnormalities is extensive, and here is a field of preventive medicine as yet too little explored.

It is surprising that vocal (and in the main ignorant) zealots have claimoured for scientifically unsound "remedies" instead of diverting their energies to a movement for investigation of the causes of these unpredictable errors of development which cause such waste of infant life and so much physical and mental defect. It is a very real tragedy for a mother after nine months of pregnancy to produce a child whose survival period is brief or whose life is one of continuing handicap. The problem is very complex and no doubt very remarkable facts are to be discovered, recent years have shewn the significance of certain peculiar properties of human blood, and also caused us to view with increasing suspicion the possible consequences of rubella (German Measles), in pregnancy. But although one recognises that some efforts are now being made to investigate these matters one cannot help feeling that very much more is needed. Treatment of serious congenital heart disease, of congenital mental defects is not on the whole of any value, nor is it reasonable to expect it ever will be, our aim must be to find the underlying causes and if possible remedy them.

As to still-births 13 occurred this year; in three the cause is unknown and here congenital defect may reasonably be suspected though perhaps not easily apparent; in six instances there are complications of labour and although one cannot say that in these particular individuals the result could have been avoided, yet any of the conditions named can be dealt with, e.g., ruptured uterus is usually a preventable condition but one cannot say that in this particular delivery that it could have been prevented, however much skill was used. I cannot altogether agree with the remark in last year's report as to the value of routine Wasserman Tests in preventing such tragedies, their role is really very limited; one could discuss this at length, but here it suffices to say that although such tests have some value this may easily be overestimated. Toxæmia of pregnancy is unfavourable to the unborn child, as well as to its mother, it can usually, though not always, be foreseen by antenatal care, and can often, though not invariably, be remedied in time. To sum up—antenatal care is one powerful weapon against still-births and infant mortality, so also is child welfare work; the improved figures of to-day, as compared with even 50 years ago, indicate that very real progress has been made. But we are still far from reaching the irreducible minimum, there is a real need for large scale work on a problem of high individual and national significance.

MINISTRY OF HEALTH CIRCULAR 20/1944.

THE CARE OF THE PREMATURE INFANT.

The arrangements made in the Borough of Darwen to carry out the suggestions of Circular 20/1944 are as follows:—

Outfits for premature babies born at home are immediately available upon the request of a Medical Practitioner or Midwife. These outfits are kept at the District Nurses' Home and can be obtained at any time, day or night. They consist of a wicker cot with all the necessary bedding, rubber hot water bottles, etc., also Bellcroy feeders, pipettes, mucus extractors, breast pump and brandy. Cotton wool wadding is supplied in place of napkins, and gamgee tissue jackets (with hoods) are supplied. Four outfits are available,—more than is likely to be required at any time, but the birth of small twins was kept in mind. Upon application to the Medical Officer of Health, arrangements can be made to have premature children admitted, with or without their mothers, to the Royal Manchester Children's Hospital, Pendlebury. The Hospital Authorities have not so far indicated willingness to enter into any arrangement to accept all such cases when required, presumably owing to shortage of accommodation. It would be much more convenient if one of the hospitals normally serving this area had a paediatric department to which premature babies could be sent when necessary. Indeed the provision of an adequate general paediatric department in the near neighbourhood is very much to be desired on many counts.

The following Sections of the Report, viz:—

SANITARY CIRCUMSTANCES OF THE
AREA (Including PUBLIC CLEANSING);
HOUSING; and
INSPECTION AND SUPERVISION OF
FOOD;

have been prepared by

Mr. E. P. McGLYNN,
Senior Sanitary Inspector and
Director of Public Cleansing.

SECTION 4.

SANITARY CIRCUMSTANCES OF THE AREA.

Sanitary Circumstances of the Area.

WATER.

RESERVOIRS.

Water is supplied on the constant system from the following reservoirs: Sunnyhurst Hey, Earnsdale and Bull Hill, of which the first two are open and the last closed. All the water is from moorland gathering grounds. Water in the Bull Hill Reservoir is supplied from Bolton.

PURIFICATION.

All water is sandfiltered and chlorinated.

SUPPLY.

The approximate number of dwelling houses supplied direct is 10,620.

There is no supply by standpipe, and there is no possibility of contamination in the vicinity of dwelling houses.

SAMPLING.

Chemical.

Six samples of water were submitted for analysis during the year. All were from public supplies and all were satisfactorily reported upon. Two contained slight but insignificant traces of lead.

Bacteriological.

Six samples of drinking water were submitted for bacteriological examination, five from public supplies and one from a private supply. Of the first group all were satisfactory.

The one sample from private supply contained small numbers of coliform bacilli.

Sources of unsatisfactory water are under observation.

SEWERAGE, DRAINAGE AND CLOSET ACCOMMODATION.

The table below gives the closet accommodation in the Borough.

Pails	149
Water Closets	9795
Waste Water Closets	2019
Cesspools	1
	11964

Conversions and Installations during 1945—

New Water Closets fixed	28
Premises with one New Closet fixed	26
Premises with more than one New Closet fixed	1
Waste Water Closets converted to Water Closets.....	30
Latrine Closets converted to Water Closets	11
Baths installed during the year	32
Urinals installed during the year	0

Routine testing, inspection, repair and renewal of existing drains and sewers continued within the limits of availability of staff, material and labour.

It is hoped that closet conversions on an increasing scale as labour and materials become available will result in the total abolition of the 2,019 waste water closets.

During the year the sludge drying beds at the Sewage Works were extended.

RIVERS AND STREAMS.

The chief sources of pollution are mainly industrial wastes from factories lying on the riverside plus a certain small amount of dumped material by children and careless householders.

Periodical inspection and pretreatment of effluents from factories where possible, were carried out.

SANITARY INSPECTION OF THE AREA.

Number of houses visited	3087
Number of houses visited (Housing Consolidated Regulations, 1925)	30
Number of inspections of Schools	103
Number of inspections of Factories and Workshops	110
Number of inspections of Municipal Hostel	52
Number of inspections of Bakehouses	52

Number of inspections of Dairies and Cowsheds	66
Number of inspections of Refuse Tips	137
Complaints received and investigated	231
Number of re-inspections made	1642
Visits paid to houses (re cases of Infectious Diseases)	76
Number of rooms disinfected	154
Number of articles disinfected	2713
Number of smoke observations taken	0
Number of drains, etc., tested	251
Total number of defects discovered	2361
Informal notices served	2361
Statutory notices served	7
Number of nuisances abated, including outstanding nuisances from previous year	1072

LIST OF NUISANCES DISCOVERED.

Defective drains	239
Choked sewers	22
Defective soilpipes and water closets	150
Defective downspouts, easing troughs, roofs and external walls	518
Defective plastering	187
Dirty houses and premises	65
Dangerous buildings	66
Dirty and dilapidated closets	18
Accumulations of refuse	124
Defective or uneven gullies	35
Insanitary sinks	32
Defective fire ranges	60
Broken slop-pipes	41
Choked waste water closets	84
Defective tipplers of waste water closets	35
Choked water closets	67
Insanitary yards	23
Defective internal floors	38
Insufficient ventilation	42
Burst water pipes	38
Defective wash boilers	17
Miscellaneous nuisances	430

SHOPS.

Routine inspections are made and special inspections as occasion requires.

SMOKE ABATEMENT.

No official smoke observations were taken during the year, but advice and instruction to stokers on firing and use of fuel to secure as far as possible the prevention of black or heavy smoking were given.

DISINFESTATION.

During the year 21 houses were found to be infested with bedbugs and/or vermin, and of these 21 had been disinfested by the end of the year, Gaseous fumigation and Spraying being the methods employed.

SCHOOLS.

Arrangements are now nearing completion for the conversion of the latrine closets at Schools and it is hoped that by the end of 1946 they will all have been converted.

OFFENSIVE TRADES.

The following are established in the district:—Two tripe boilers, one fat extractor, and one fat melter.

MUNICIPAL HOSTEL.

This is the only common lodging house in the town and is municipally owned and managed. The average daily number of lodgers for the year was,—Males 69.03. Females 6.13. The top floor containing 65 cubicles remained closed throughout the year.

FACTORIES.

One hundred and ten routine and special visits were paid to factories with and without mechanical power during the year for purposes of the provisions as to health. Defects found (chiefly in connection with sanitary conveniences) were notified to occupiers and by the end of the year were either completed or in hand.

As previously, the fullest co-operation was maintained between the Department and H.M. Inspector of Factories.

CHIEF SANITARY REQUIREMENTS OF THE DISTRICT.

The chief sanitary requirements of the district are:—

- A further reduction in the number of private water supplies;
- The conversion of pail and waste water closets;
- The conversion of latrine closets at schools and factories;
- The paving of back streets and unmade roads;
- The paving, culverting and embanking of the river;
- The clearance of old mill sites where mills have been wholly or partially demolished.

PUBLIC CLEANSING.

The whole of this important sanitary service is under the control of the Public Health Department. It comprises the collection and disposal of household and trade refuse and the cleansing of streets.

VEHICLES.

The refuse collection and disposal service is completely mechanised with the exception only that horse labour has still to be utilised one and a half days per week for the emptying of pail closets in certain parts of the Borough.

SNOW REMOVAL AND DEFROSTING OF ROADS.

The department is now wholly responsible for the above. Main and secondary road, bus routes, and war factory approach roads are priorities for treatment.

Two Bunce Snowploughs and four gritters are kept at the Cleansing Depot for use as required. The department keeps at the Transport Depot a Heavy Duty V-Shape Snowplough for attachment to the front of a single decker bus for use for deep snow on bus and tram routes. The fullest co-operation is maintained between both departments.

REFUSE DISPOSAL.

The system of controlled tipping continues to prove very successful. Tipping continued at Sandy Lane until 8th March, 1945, when the Bull Hill Tip was re-opened, and the Sandy Lane Tip levelled off and completed for grassing on 8th June, 1945.

SALVAGE.

The pre-separation of salvable material from household refuse is still conscientiously carried out by the bulk of householders.

The following is a summary of the materials sold during the year—

	Tons.	Cwts.
Clean Waste Papers	171	3 $\frac{3}{4}$
Ferrous Metals—Baled Tins	70	8
Unflattened Tins	0	0
Black Scrap	20	19
Non-Ferrous Metals	1	0
Textiles—Rags, Carpets	11	5 $\frac{1}{4}$
Boots and Shoes	2	12
Rubber	0	0
Waste Foods—Pigswill (after boiling)	243	3
Household Bones	2	2 $\frac{1}{4}$
	522	13 $\frac{1}{4}$
	—	—

The total value of the salvaged materials sold was £1,659 15s. 0d.

SUMMARY.

The following is a summary of the work done during 1945. It should be noted that the weights given below are estimated.

	Tons.	Cwts.	Qrs.
House Refuse to Tip (3,671 loads)	5204	19	0
Market and Trade Refuse to Tip (241 loads)	352	0	2
Receptacles Emptied (House Refuse)	381646		
Receptacles Emptied (Trade Refuse)	17339		
Excreta	162	Loads	
Excreta Pails Emptied	5455		
Sludge from Street Gullies	235	Loads	
Street Guilles Emptied	12073		
Sweepings : Bins from Street Orderly Trucks	8282		
Salt Distributed on Streets	51	Tons	
Grit Distributed on Streets	15	Tons	
Length of Streets Salted or Gritted	476	Miles	
Dust Bins added during the year	3		
Number of Portable Refuse Receptacles	11872		

SECTION 5.

HOUSING.

HOUSING.

The table below gives particulars of action taken specifically under the provisions of the Housing Acts in contradistinction to action under the Public Health Acts.

STATISTICS.

Number of new houses erected during the year :—

(a) Total (including) numbers given separate under (b))	0
(i) By the local authority	0
(ii) By other local authorities	0
(iii) By other bodies or persons	0
(b) With State assistance under the Housing Acts :	
(i) By the local authority (included under (a) (i) above)	0
(ii) By other bodies (included under (a) (iii) above)	0
1. Inspection of dwelling-houses during the year :—	
(1) (a) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	113
(b) Number of inspections made for the purpose	235
(2) (a) Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 and 1932.....	30
(b) Number of inspections made for the purpose	75
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	0
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	113
2. Remedy of defects during the year without service of formal notices :—	
Number of defective dwelling-houses rendered fit in consequence of informal action by the local authority or their officers	14

3. Action under statutory powers during the year :—

(a) Proceedings under Sections 9, 10 and 16 of the Housing Act, 1936:—	
(1) Number of dwelling-houses in respect of which notices were served requiring repairs	0
(2) Number of dwelling-houses which were rendered fit after service of formal notices :—	
(a) By owners	0
(b) By local authority in default of owners	0
(b) Proceedings under Public Health Acts :—	
(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	0
(2) Number of dwelling-houses in which defects were remedied after service of formal notices:—	
(a) By owners	0
(b) By local authority in default of owners	0
(c) Proceedings under Section 11 and 13 of the Housing Act, 1936:	
(1) Number of dwelling-houses in respect of which Demolition Orders were made	0
(2) Number of dwelling-houses demolished in pursuance of Demolition Orders	0
(d) Proceedings under Section 12 of the Housing Act, 1936 :	
(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made	0
(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit.....	0

4. Housing Act, 1936.—Part IV.—Overcrowding :—

(a) (i)	Number of dwellings overcrowded at the end of the year.....	0
	(ii) Number of families dwelling therein	0
	(iii) Number of persons dwelling therein	0
(b)	Number of new cases of overcrowding reported during the year	0
(c) (i)	Number of cases of overcrowding relieved during the year	0
	(ii) Number of persons concerned in such cases	0

OVERCROWDING.

There are no cases of gross overcrowding known to the Department. Instances are frequent however, where, in houses in which the number of occupants is well below "the permitted number," the distribution of the sexes for sleeping purposes is attended with great inconvenience and difficulty, *e.g.*, in a four-roomed house (two living and two bedrooms) having a "permitted number" of 6 to $7\frac{1}{2}$ persons, occupied by husband and wife with a son and a daughter each over ten years of age—a total of 4 persons. To overcome the difficulty (*e.g.*, by using a living room as a bedroom) is, in most cases, to increase the inconvenience. Most people so situated are anxious to obtain houses with three bedrooms. This again might increase the number of new houses required after the war, especially if the law on the point is revised as it is generally agreed it should be.

GENERAL OBSERVATIONS.

The chief difficulties in action under Public Health and Housing have been the inescapable difficulties of shortage of labour, and inadequacy or inferiority of materials, and the position has shown little sign of improvement.

SECTION 6.

INSPECTION AND SUPERVISION OF FOOD.

Inspection and Supervision of Food.

MILK SUPPLY.

There were 55 dairy farms on the register during the year, having a cattle population of approximately 750. Sixty-six visits of inspection were made.

SAMPLING.

Biological.—Eleven samples of milk were submitted for guinea pig inoculation. Ten proved negative, and one inconclusive—guinea pig died from intercurrent infection too early for test.

Bacteriological.—One hundred and twenty-three samples were examined during the year, of which sixty-six were satisfactory and forty-seven unsatisfactory. The unsatisfactory samples were mainly of pasteurised milks failing to comply with one or other of the prescribed tests. Steps were taken to ascertain and remedy the cause but consistently good results are not yet being obtained. Further action is being considered.

Chemical Analysis of Milk.—See table on page 50.

MEAT AND OTHER FOODS.

The Public Abattoir was closed in June, 1942, in pursuance of a Ministry of Food Scheme for further centralising slaughtering.

Butchers' and other food shops, stalls and vehicles, and premises used for the preparation of human food are regularly inspected.

The amount of food examined, certified unfit, and either destroyed or utilised after sterilisation for animal feeding stuffs, was as shown in the table on page 50.

No legal proceedings were necessary in respect of unsound food during the year.

There were no cases or suspected cases of food poisoning during the year.

FOOD AND DRUG SAMPLING.

The Local Authority by direction of the Minister is the Food and Drug Authority for the Borough.

Close co-operation is maintained with the Public Analyst whose advice and help are always available and much valued.

The quality of the food sold in the district is generally good.

SAMPLES REPORTED GENUINE.

No. of Samples.	Description.	Formal.	Informal.
56	Milk.	56	—
1	Glycerine.	—	1
4	Ice Cream Powder.	4	—

SAMPLES REPORTED NOT GENUINE.

Cons. No.	No. of Samples.	Descriptions.	Formal.	Informal.	Result.	Action taken.
1	1	Milk.	x	—	Deficient. 10 % milk solids other than fat.	Follow-up samples genuine.
2	1	Milk.	x	—	Contained 5 % added water.	Follow-up samples genuine.
3	2	Milk.	x	—	Deficient. 1 % milk solids other than fat.	Follow-up samples genuine.
4	1	Milk.	x	—	Deficient. 2 % milk solids other than fat.	Follow-up samples genuine.
5	1	Milk.	x	—	Deficient. 8 % milk solids other than fat.	Vendor prosecuted and fined £5, and £4/14/6 special costs.
6	1	Milk.	x	—	Deficient. 3 % milk solids other than fat.	Follow-up samples genuine.
7	1	Milk.	x	—	Deficient. 16 % fat.	Vendor prosecuted and fined £5, and £5/5/- special costs.

TABLE SHOWING AMOUNT AND NATURE OF FOOD CONDEMNED DURING 1945.

Amount.	Nature of Food.	Amount.	Nature of Food.	Amount.	Nature of Food.
4205 tins	Canned Meats and Meals.	265 tins.	Tomato Paste.	cwts. lbs. ozs.	Hams.
110 tins	Soups.	40 tins.	Fruit Pudding.	11 2	Bacon.
260 tins	Canned Fruit.	6 tins	Jam.	4 8	Sheeps' feet.
86 tins	Canned Milk.	1 tin	Fish Paste.	6 0 0	Butter.
997 tins	Canned Vegetables.	2 tins	Piccalilli.	20 12	Lard.
25 tins	Canned Pork and Beans.	2 tins	Syrup.	6 0	Margarine.
10 tins	Canned Luncheon Meat.	11 bottles	Orange Juice.	27 8	Cheese.
446 tins	Canned Fish.	32 bundles	Watercress.	16 14	Dried Apricots.
				24 0	Raisins.
				30 0	Neck and Sticking Steak.
				6 4	Haddock.
				1 17 0	

RATS AND MICE DESTRUCTION.

Investigation and disinfection proceeded steadily throughout the year with gratifying results, especially in the disinfection of the town's sewers which was undertaken as a priority because of the offensive influence of sewer infestation on surface infestation. The estimated kill of rats, based on the Ministry's formulae was 3,664.

The following table gives a summary of the work done throughout the year :—

Month.	No. of premises inspected.	No. of premises found infested.	No. of treatments carried out.	Estimated kill of rats.	Cumulative total of rats killed since incept'n of service.
January	19	Killed prior to January, 1945.			5393
February	106	11	53	1628	7021
March	87	20	28	508	7529
April	21	13	8	184	7713
May	2178	7	4	292	8005
June	2456	6	16	311	8316
July	1569	Nil	3	156	8472
August	1109	2	8	63	8535
September	1181	18	13	471	9006
October	2	Nil	Nil	Nil	9006
November	14	1	1	3	9009
December	1	3	3	17	9026
Totals	8743	81	138	3664	9057

SECTION 7.

PREVALENCE AND CONTROL OF INFECTIOUS DISEASES.

Prevalence and Control of Infectious Diseases.

The age incidence of infectious diseases other than Tuberculosis is shewn in the following table which includes particulars of Darwen cases removed to Hospital, and mortality from these diseases. The so-called minor infectious diseases, other than measles and whooping cough, are not included in the table as they are not notifiable in Darwen, and therefore statistics as to their incidence are not reliable.

DISEASE.	Total Cases at all Ages.	CASES NOTIFIED.												* Total Deaths	Hospital		
		YEARS.													Total Cases removed to Hospital from district	Deaths in Hospital of persons belonging to district.	
		Under 1	to 2	to 3	to 4	to 5	to 10	10 to 15	15 to 20	20 to 35	35 to 45	45 to 65	65 and over				
(a)		—	—	—	—	—	—	—	—	—	—	—	—	(b)	(c)	(d)	
Smallpox ... ... ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Scarlet Fever	54	...	...	1	4	12	25	5	1	2	4	...	...	...	50	...
Diphtheria, including Membranous Croup	2	..	...	...	...	1	1	...	...	...	...	...	...	...	2	...
Enteric Fever (including Paratyphoid) ...	1	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...
Measles (excluding German Measles) ..	107	7	7	10	18	23	37	4	1	...	...	...	...	...	...	...
Whooping Cough ...	18	1	2	1	4	3	7	...	...	...	...	...	...	...	...	...
Acute Pneumonia (Primary & Influenzal)	4	...	...	1	...	...	1	...	1	...	1	...	...	...	1	...
Puerperal Pyrexia ...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	1	...
Cerebro-Spinal Fever ...	1	...	...	...	...	...	1	...	...	...	...	...	...	...	1	...
Acute Poliomyelitis ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Acute Polioencephalitis ... ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Encephalitis Lethargica ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Dysentery ... ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Ophthalmia Neonatorum	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Erysipelas	4	...	...	...	...	...	...	1	1	2	...	...	...	3	...	...
Malaria Contracted in this Country ... ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Abroad ... ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Croup ... ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...
Vincent's Angina ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...
Tonsilitis ... ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	5	...
Pharyngitis ... ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...
Observation ... ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4	...
Discharging Eye ... ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...
Totals...	193	9	9	13	26	39	71	10	2	5	5	3	1	...	74	...	

It will be observed that Scarlet Fever and Measles are the most prevalent diseases. The other infections notified were :—Diphtheria, Whooping Cough, Pneumonia, Puerperal Pyrexia, Ophthalmia Neonatorum, Erysipelas and Cerebro Spinal Meningitis.

The following table gives the comparative incidence of Infectious Diseases during the past five years :—

Disease	1941	1942	1943	1944	1945
Scarlet Fever	51	88	148	165	54
Diphtheria	45	21	36	18	2
Enteric Fever	1	...	...	2	1
Measles	321	51	345	43	107
Whooping Cough	40	15	83	35	18
Pneumonia	14	4	8	3	4
Puerperal Pyrexia	2	1	1	1	1
Cerebro-Spinal Fever	2	1	...	2	1
Cerebro-Spinal Meningitis .....	...	...	1	...	...
Acute Poliomyelitis .....	...	...	...	...	...
Acute Polio-encephalitis .....	...	...	...	...	...
Encephalitis Lethargica .....	...	...	...	...	...
Ophthalmia Neonatorum	2	1	2	...	1
Erysipelas	5	1	4	1	4
Total	483	183	628	270	193

SCARLET FEVER.

Cases notified and accepted numbered 54. The disease generally was of an extremely mild type.

DIPHTHERIA.

Cases notified and accepted numbered two. In ten other cases the diagnosis was not confirmed after admission to hospital. Cases as a whole were mild, though a few severe infections were seen.

DIPHTHERIA IMMUNISATION.

The Medical Officer of Health and the Health Visitors by constant exhortation, by posting large notices in the Health Centre and by sending advisory birthday greetings to babies on their first birthday, endeavour to ensure that every child is immunised on reaching the age of one year, and at five year intervals thereafter, but this has not met with the response warranted.

Three hundred and fifteen—234 pre-school and 81 school children—were immunised during the year. The immunisation clinic was held weekly on Monday afternoons.

The material used for immunisation is A.P.T., of which two injections (0.2 cc. and 0.5 cc.) are given at intervals of four weeks. It was observed that many children failed to return for the second injection, therefore, after the Maternity and Child Welfare clerk started work, an endeavour was made to remind defaulters by means of postcards, and this has met with some success.

In addition to the immunisation carried out at the Health Centre, a scheme exists in the Borough, whereby parents may have their children immunised by the family doctor, the Corporation paying the doctor for this service when necessary. All immunisations carried out by private practitioners are required to be notified to the Public Health Department.

PUERPERAL PYREXIA.

One case occurred during the year and was treated at Bull Hill Hospital.

OPHTHALMIA NEONATORUM.

Two cases were notified during the year, but only one was proved.

SMALPOX.

No case occurred in Darwen during the year. Constant vigilance has to be maintained during war-time, as importation of the disease into Britain can occur very readily owing to troop movements, etc.

Infantile vaccination continues at a very low level, only 25 or 6.4 per cent. of the 388 infants born being vaccinated during the year.

No doubt the 39 years immunity that Darwen has enjoyed contributes to this apathetic attitude.

BULL HILL HOSPITAL.

There was no change in the arrangements by which cases of infectious disease are admitted from outside districts. Agreements with Turton Urban District Council and the Accrington and District Joint Hospital Board provide for the admission of cases of Infectious Disease, and these Authorities agree to pay minimum sums of £50 and £80 per annum respectively.

The following table gives particulars of the cases admitted from Darwen and other authorities:—

Disease.	No. of Cases in at 31/12/44	No. of Cases.		Mortality	No. of Cases Remaining in at 31/12/45
		Admitted.	Discharged		
DARWEN.					
Scarlet Fever	9	50	55	...	4
Diphtheria	3	2	5	...	...
Paratyphoid	1	1	2	...	...
Pneumonia .....	...	1	1	...	...
Puerperal Pyrexia.	...	1	1	...	...
Cerebro-Spinal Fever .....	...	1	1	...	...
Erysipelas .....	...	3	3	...	...
Observation cases, or cases where diagnosis not confirmed	1	14	15	...	...
OSWALDTWISTLE.					
Scarlet Fever .....	...	8	8	...	...
Diphtheria	1	1	1	...	1
Cerebro-Spinal Meningitis	1	1	2	1	...
TURTON U.D.C.					
Scarlet Fever	1	3	4	...	...
Diphtheria .....	...	4	4	1	...
Whooping Cough and Mastoiditis..	1	...	1	...	...
Measles .....	...	1	1	...	...
BLACKBURN R.D.C.					
Scarlet Fever .....	...	9	9	...	...
Diphtheria .....	...	2	2	...	...
Pneumonia .....	...	1	1	...	...
Puerperal Pyrexia.	...	1	1	...	...
No Disease .....	...	1	1	...	...
CLITHEROE R.D.C.					
Scarlet Fever	1	13	6	...	8
Diphtheria .....	...	1	...	...	1
CLITHEROE BORO'.					
Scarlet Fever .....	...	7	5	...	2
Cerebro-Spinal Fever .....	...	1	1	...	...
Erysipelas .....	...	1	1	...	...
Chicken-Pox .....	...	1	1	...	...
CHURCH U.D.C.					
Scarlet Fever .....	...	1	1	...	...
CLAYTON-LE-MOORS U.D.C.					
Scarlet Fever .....	...	1	1	...	...
Pneumococcal Meningitis .....	...	1	1	...	...
GREAT HARWOOD U.D.C.					
Scarlet Fever .....	..	3	3	...	...
Diphtheria .....	...	1	...	...	1
Totals.....	19	136	138	2	17

STAFF SHORTAGE.

NURSING STAFF.

This problem was still acute during the year.

DOMESTIC STAFF.

The position with regard to domestic staff is much improved and would be much healthier if resident staff were available.

TREATMENT OF SCABIES.

Scabies continued to be moderately prevalent during the year. The arrangements for the treatment of Scabies were found to be unsatisfactory and newer methods have been adopted. Treatment is now given by the Health Visitors in the case of women and young children, and by Mr. A. Haworth in the case of men and boys. Treatment is carried out during morning, afternoon and evening to suit the convenience of patients.

Treatment with Benzyl Benzoate Emulsion (in place of sulphur) was started in January, 1944, and has been much more satisfactory.

During the year 309 persons received 390 treatments.

TUBERCULOSIS.

The Tuberculosis Scheme is administered by the Lancashire County Council, but the Area Tuberculosis Officer and Nurse maintain close co-operation with the Darwen Public Health Department to which is furnished particulars about housing conditions, and environment generally, and by which the necessary disinfection is carried out.

OCCUPATIONAL INCIDENCE.

There is no evidence of excessive incidence or mortality from Tuberculosis in any particular occupation in Darwen.

The following table shows the age group incidence of new cases of Tuberculosis notified and the deaths from the disease during 1945.

Age Periods.	New Cases.				DEATHS			
	Respiratory.		Non-Respiratory.		Respiratory.		Non-Respiratory	
	M.	F.	M.	F.	M.	F.	M.	F.
Years.								
0-1...
1-5
5-10	3	..	..	1
10-15
15-20	1	..	..	..	..	..
20-25	2	3	..	1	1	4
25-35	1	..
35-45	1	1	1	..	1	..
45-55	2	..	1	..	2	..
55-65	1	1	..	2	2	1
65 and upwards	1	..
Totals ...			7	5	5	3	7	6
			<u>12</u>		<u>8</u>		<u>13</u>	
							1	1
							<u>2</u>	

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